

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

Check if different  
than previously  
reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



Convention (12C)



General (12G)



Special (12S)



Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y  
11 08 2016in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2016

through

M M / D D / Y Y Y Y Y Y  
10 19 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Brooks, Alison, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Brooks, Alison, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 27 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">182787.62</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">209583.49</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">587.00</span>	<span style="border: 1px solid black; padding: 2px;">75447.66</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">210170.49</span>	<span style="border: 1px solid black; padding: 2px;">258235.28</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">13091.59</span>	<span style="border: 1px solid black; padding: 2px;">61156.38</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">197078.90</span>	<span style="border: 1px solid black; padding: 2px;">197078.90</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	587.00	75447.66
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	587.00	75447.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	587.00	75447.66
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	587.00	75447.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	587.00	75447.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	91.59	20516.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	91.59	20516.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	40500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	140.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	140.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13091.59	61156.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13091.59	61156.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	587.00	75447.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	587.00	75307.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	91.59	20516.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	91.59	20516.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conover, Constance, , ,

Mailing Address 3318 Anoai Pl

City  
Honolulu

State  
HI

Zip Code  
96822-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hawaii Permanente Medical Grou

Occupation (for Individual)  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.12969

Amount of Each Receipt this Period

50.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Conrad, Kristin, , ,

Mailing Address 3285 Nikkel Lane

City  
Blacksburg

State  
VA

Zip Code  
24060-0791

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carilion Clinic OBGYN

Occupation (for Individual)  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.12967

Amount of Each Receipt this Period

100.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cristol, Julie, E, ,

Mailing Address 4709 Windsor Ave.

City  
Philadelphia

State  
PA

Zip Code  
19143-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Birth Center

Occupation (for Individual)  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.12966

Amount of Each Receipt this Period

100.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cullers, Geri, , ,

Mailing Address 3049 NW Greenbriar Ter

City  
Portland

State  
OR

Zip Code  
97210-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11Al.12971

Amount of Each Receipt this Period

100.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Holthaus, Kayleigh, , ,

Mailing Address 413 Independence Dr

City

East Peoria

State

IL

Zip Code

61611-5565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Advanced Practice Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11Al.12963

Amount of Each Receipt this Period

2.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jennings, Richard, F, ,

Mailing Address 109 Beckett Ave

City

Branford

State

CT

Zip Code

06405-4854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Yale Midwives

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11Al.12972

Amount of Each Receipt this Period

100.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

202.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mendoza, Ana, , ,

Mailing Address 1161 Wisconsin Ave

City  
Oak Park

State  
IL

Zip Code  
60304-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.12964

Amount of Each Receipt this Period

10.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rock, Gail, , ,

Mailing Address 1000 J D Anderson Dr Ste 402

City  
Morgantown

State  
WV

Zip Code  
26505-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mon Women's Health

Occupation (for Individual)  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.12970

Amount of Each Receipt this Period

50.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Valle, Laura, , ,

Mailing Address PSC 9 Box 4231

City  
Apo

State  
AE

Zip Code  
09123-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.12965

Amount of Each Receipt this Period

50.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Stephanie, , ,**

Mailing Address 1400 Saint Charles Pl PH 21

City

Pembroke Pines

State

FL

Zip Code

33026-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.12968

Amount of Each Receipt this Period

25.00

☐ Memo Item

2016 12 Day Pre-General Election Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

587.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		03		2016

Mailing Address 7810 Old Branch Avenue

City  
ClintonState  
MDZip Code  
20735Purpose of Disbursement  
Bank of America fee

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.12961

Amount of Each Disbursement this Period

31.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paypal INC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 4100 Solutions Center #774100

City  
ChicagoState  
ILZip Code  
60677Purpose of Disbursement  
PayPal fee

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.12962

Amount of Each Disbursement this Period

59.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

91.59

**TOTAL** This Period (last page this line number only).....▶

91.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. BLUMENAUER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address 901 SE OAK STREET  
SUITE 105City  
PORTLANDState  
ORZip Code  
97214Purpose of Disbursement  
Campaign Contribution

Candidate Name

**BLUMENAUER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR

District: 03

Category/  
Type

FEC Identification Number

**C** C00307314**Transaction ID : SB23.12973**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN THUNE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address PO BOX 841

City  
SIOUX FALLSState  
SDZip Code  
57101Purpose of Disbursement  
Campaign Contribution

Candidate Name

**FRIENDS OF JOHN THUNE**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD

District: 00

Category/  
Type

FEC Identification Number

**C** C00409581**Transaction ID : SB23.12978**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROSA DELAURO**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address 129 CHURCH ST, STE 818

City  
NEW HAVENState  
CTZip Code  
06510Purpose of Disbursement  
Campaign Contribution

Candidate Name

**FRIENDS OF ROSA DELAURO**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT

District: 03

Category/  
Type

FEC Identification Number

**C** C00238865**Transaction ID : SB23.12980**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. GRASSLEY COMMITTEE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address PO BOX 1000

City  
DES MOINESState  
IAZip Code  
50304-1000Purpose of Disbursement  
Campaign Contribution

Candidate Name

**GRASSLEY COMMITTEE INC**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 00

Category/  
Type

FEC Identification Number

**C** C00230482**Transaction ID : SB23.12974**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR BEN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address PO BOX 31129

City  
SANTA FEState  
NMZip Code  
87594Purpose of Disbursement  
Campaign Contribution

Candidate Name

**PEOPLE FOR BEN**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 03

Category/  
Type

FEC Identification Number

**C** C00443689**Transaction ID : SB23.12976**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHAKOWSKY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address P.O. BOX 5130

City  
EVANSTONState  
ILZip Code  
60204Purpose of Disbursement  
Campaign Contribution

Candidate Name

**SCHAKOWSKY FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 09

Category/  
Type

FEC Identification Number

**C** C00327023**Transaction ID : SB23.12977**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. VOLUNTEERS FOR SHIMKUS**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address PO BOX 661

City  
COLLINSVILLEState  
ILZip Code  
62234-0661Purpose of Disbursement  
Campaign Contribution

FEC Identification Number

**C** C00258855**Transaction ID : SB23.12979**

Amount of Each Disbursement this Period

2000.00

Candidate Name

**VOLUNTEERS FOR SHIMKUS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

13000.00